

• How You Can Help • A TOOLKIT FOR FAMILIES •



CHILDREN AND YOUTH IN THE SCHOOL SYSTEM

MODULE 5

MODULE 5

Children and Youth in the School System

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Introduction

Education plays a critical role in the development of children. Schools not only provide educational growth, but also social and emotional growth. Improving outcomes for children with mental disorders includes ensuring there is a provision of support and services that will improve their school and learning opportunities.

The interesting thing about children and youth with mental disorders is that they are not necessarily the kids we think of or picture in our heads. In many cases, they are not the kids who are creating a problem in the classroom, or being sent to the office due to their disruptive behaviour. **They are the kids who should be occupying the empty seat in the classroom.**

For many children and youth with mental disorders, going to school and staying in school is the biggest challenge they face. Schools and the children who attend them can be extremely overwhelming for a student with a mental disorder. The child's functioning can vary greatly at different times throughout the day, season, and school year. Because of the cyclic nature of many mental disorders, students may function very well for months or years and then suddenly run into difficulty.

Transitions to new teachers and new schools, return to school from vacations and absences, and changing to new medications are common times of increased symptoms for children with mental disorders. Medication side effects can be troublesome at school. Weight gain and fatigue can impact on a child's ability to participate in gym and regular classes.

Families can do a great deal to help ensure that their child receives support and has a positive, productive school experience. In this module, we will try to assist you in understanding the Ministry of Education policy regarding mental disorders. First, you will need to learn about the different educational options available to children with a mental disorder. You'll also need to know how to obtain the accommodations your child needs in order to receive the most benefit from their education. In addition, we have included tips for both parents and teachers.



Children do well if they can. If they can't, we need to figure out why, so we can help.

~*The Explosive Child*,
Ross Green



At any given time, approximately 15% of children and youth (or 140,500 in British Columbia) experience mental disorders causing significant distress and impairing their functioning at school, with peers, or in the community.

~*Prevalence of Mental Disorders in Children and Youth*, C. Waddell and C. Sheppard

Problems Children with a Mental Disorder May Experience in School

Mental illness can affect a child's learning, performance in the classroom, and social relationships with schoolmates in a variety of ways. Below we have listed some of the ways symptoms of mental illness can impede a child's education. This list is not exhaustive but rather is intended to illustrate the need to look carefully at how mental illness can impact children's learning at school.

- fear in approaching figures of authority (e.g., teachers, principal)
- difficulty with concentration

“Look into my heart and understand that I did not choose this disability; it chose me. If I could choose to be ‘normal,’ I would be. I want to fit in; I want to do well; I want to have friends; I want to be successful. With your help I can be successful! You can be the one person to make a difference in my life.”

~Youth's Perspective on Mental and Emotional Health Disabilities:
What They Want You to Know, J. M. White

- difficulty in screening out environmental stimuli
- trouble maintaining stamina throughout the day
- difficulty initiating interpersonal contact
- problems managing time and deadlines
- limited ability to tolerate noise and large groups
- difficulty focusing on multiple tasks simultaneously
- extreme reactions to negative feedback
- noticeable anxiety and confusion when given verbal instructions
- limited ability to tolerate interruptions

~ Mental Health and High School: Questionnaire, Canadian Mental Health Association

Difficulty completing homework is a common problem. Students may be exhausted and drained by the end of the school day from the accumulated stress of school. Expectations concerning homework can be modified seasonally, monthly, or daily according to the child's condition. More homework could be given when the student is stable and feeling well and less when the child is more symptomatic.

Episodes of overwhelming emotion, such as extreme anxiety, tearfulness, frustration or rage, can be a problem for both the young person and those around them. To accommodate a child with this difficulty, a school should establish a 'safety plan' that designates a person and place for the child to go when they need some time to regain control of their emotions.

Some students with anxiety or depression may not show any overt learning or behaviour problems and therefore may not receive the support they need. Children suffering from depression may have difficulty in concentrating, making decisions and remembering, and the standard of their school work may drop. They may miss classes or have a lot of absence from school. Reduced self-esteem and a lack of confidence may also affect their ability to work at their highest potential.

Eating disorders can negatively affect performance in school in a variety of ways:

- Withdrawal from activities and peers
- Loss of interest in school subjects and extracurricular activities
- Loss of ability to focus on projects, papers, and tests.
- Increased sensitivity to what is going on in the environment and what others' perceptions might be

Students with schizophrenia can have educational problems such as difficulty concentrating or paying attention. Their behavior and performance may fluctuate from day to day. These students are likely to exhibit thought problems, physical complaints, may



Our stereotypes about mental illness can lead us to miss problems because we don't think they affect certain groups in our society. Although the majority of people who develop eating disorders are women, there is a small percentage of young men who also develop these disorders.

act out, or become withdrawn. Sometimes they may show little or no emotional reaction; at other times, their emotional responses may be inappropriate for the situation.

Obsessive-compulsive disorder (OCD) can result in compulsive activities taking up so much time that the student is unable to concentrate on their schoolwork. This can result in poor or incomplete work and even school failure. Students with OCD may feel isolated from their peers, in part because their compulsive behaviour leaves them little time to interact or socialize with their classmates. They may avoid school because they are worried that teachers or their peers will notice their odd behaviours.

Determining the effect a mental disorder has on a child's education takes more than a review of grades. Parents should collaborate with schools to ensure that a comprehensive review to assess how their child's mental illness impacts on all aspects of education. This can include grades, the effort put into school work, ability to get along and work with other students, ability to control their own behaviour, etc.

Substance Use Disorders and School

Research suggests that a significant proportion of young people will at some point experiment with alcohol or drugs. Only a minority of these young people will develop dependency problems with substance use. The consequences though, can be severe and therefore there is a strong focus in schools to prevent youth from using alcohol or drugs as well as early identification and treatment for those with substance use problems.

Teenagers take drugs for many different reasons. They might start taking a drug simply as an experiment, to defy authority or provoke adults, to imitate adults, relieve boredom, or overcome shyness. They might take a drug to lose weight or appear cool. Problem substance use may be part of a much larger problem, like not fitting in at school, problems at home, not meeting expectations, personal stress, or trauma. Substance use may seem to help deal with these stresses or provide escape from dealing with them.

Then the young person may come to feel that they need the substance to relax or get through the situation. Adolescent alcohol or other drug use tends to be more sporadic than adult use. Adolescents are more likely than adults to binge with alcohol and drugs. This can conceal the severity of their abuse. The use of multiple substances is more characteristic of adolescents than it is with adults. Young people also are more likely to have coexisting psychiatric disorders than adults. In adolescents, substance use disorder frequently goes hand-in-hand with mental disorders, particularly:

- mood disorders, e.g. depression and bipolar disorder
- anxiety disorders, e.g. post-traumatic stress disorder

Poor functioning in school can be signal of substance use problems, particularly when the young person has been doing adequately and there is no obvious reason for the



Youth who are involved in extracurricular activities are less likely to use alcohol and drugs.

Adolescents who begin using alcohol or drugs develop dependence more rapidly than adults do.

~Age at Onset of Alcohol Use
B. F. Grant and D. A. Dawson

decline in performance. Poor grades or attendance problems may suggest a problem with alcohol or drugs but are not the only clues to substance use. Some adolescents with good school performance engage in substance use and may be impaired in other life domains.

If you suspect your child is using alcohol or drugs in a harmful way, begin by talking with them about your concerns. Seek additional help from your family doctor or contact your local community addiction services.

Alcohol or other drug intoxication can interfere with learning, so students with a substance use problem frequently show a rapid deterioration in school performance. Serious alcohol use among youth can have significant neurological consequences. Alcohol damages areas of the brain responsible for learning and memory, verbal skills and visual-spatial cognition.

Alcohol problems are tied to lower grades, poor attendance and increases in dropout rates. Substance use is also often associated with some delay in normal cognitive and social-emotional development, affecting academic performance, self-image and social interactions with others. Younger children typically lack physical, intellectual and emotional maturity, making them more vulnerable to the negative consequences of drinking than older teenagers.

Substance use can produce acute behavioural changes such as loss of inhibitions, sluggishness, hyperactivity, agitation, drowsiness, and extreme awareness of surroundings, as well as changes in cognition (attention span, perception) and thought process. Chronic substance use can seriously disrupt the ability of adolescents to adequately meet developmental tasks.

Other ways in which substance abuse affects schooling is withdrawal from extracurricular activities that were previously important to the young person, cutting classes, being late for class or skipping school.

Risk and Protective Factors Related to Substance Use

Risk factors increase the likelihood that a young person will engage in substance abuse. Protective factors are those which help a young person avoid abusing substances.

Some risk factors

- **Family problems, including conflict and family history of substance use**
- **School difficulties such as poor or failing grades and behaviour problems**
- **Influence by peers who use alcohol or drugs**
- **Personal influences such as difficulty with aggression, rebellion, not fitting in**
- **Community influences such as availability of substances**

Some protective factors

- **Sense of belonging or connection with one's family**
- **Caring relationship with a parent or significant adult**
- **Sense of fitting in at school**
- **Having someone who believes in them**
- **Being loved and respected**
- **Religious or spiritual connection**

~Risk and Protective Factors Related to Substance Use, The Hunter Institute of Mental Health

Supporting Your Child in School

Working with Your Child's School

Every parent wants their child to succeed in school. When a child has a mental disorder, parents need to work closely with the school to ensure that their child has the opportunities they require in order to do their best. Parents play a crucial role in the planning of children's education and need to be informed and knowledgeable about the school's and district's programs for students with special needs.

Communicating well with your child's school is essential to the success of your child's education. Keeping the lines of communication open throughout the year can go a long way in resolving problems early. Schools, like other formal organizations have established lines of communication. The general recommendation is to start first with the person who is immediately involved in your child's learning—their teacher. Call the school and find out the best time to meet with the teacher. Parent-teacher conferences are other opportunities to exchange information and work together.

Become a partner with professionals involved in your child's education. While they may be the experts on learning, you are the expert on your child. You know your child's strengths, abilities and challenges. Your ongoing involvement and support will make a positive and meaningful difference in your child's success. It is important that parents participate in decisions that affect their child's education. You can contribute information that is critical to planning and adjusting the program to best meet your child's changing needs.

When there are concerns about a child's ability to learn in school, the teacher will typically arrange an initial meeting with the parents and possibly a school learning team as well. This team may include the classroom teacher, a school counsellor, the principal or assistant principal, a teacher assistant, and possibly an education psychologist.

When Child and Youth Mental Health Services (Ministry of Children and Family Development) is also providing services, they will work closely with the school to ensure that the child receives the necessary support to do well in school.



When parents are included as partners in the special education of their children, a number of positive and essential changes can occur, for instance:

- **parents are less likely to reject or distrust the special education program because of inadequate information**
- **parents gain knowledge of their children's learning abilities and where they need help**
- **teachers and others involved gain important insights from the long-term experience and knowledge of the parents**
- **when there is an atmosphere of cooperation, there is less possibility for teachers and parents to waste valuable time and energies in confrontation**
- **parents and teachers are able to proceed amicably and cooperatively with the real task of finding the best possible ways to assist the children to learn and to grow**

*~Parents as Partners in the Special Education Programs of Their Children,
Learning Disabilities Association of Canada*

Families have a right to privacy but need to balance the importance of providing information that can help in planning with their right to keep information about their child confidential.

Dealing with the System

Parents and teachers should remind each other that one way to promote success in school is to ensure that the young person feels 'special' about their learning. Children should be praised for even small successes. We need to continually afford children opportunities to be increasingly self-sufficient and to maintain high expectations for school success.

The most diplomatic way to work with your child's school is to go through the established hierarchy within the education system.

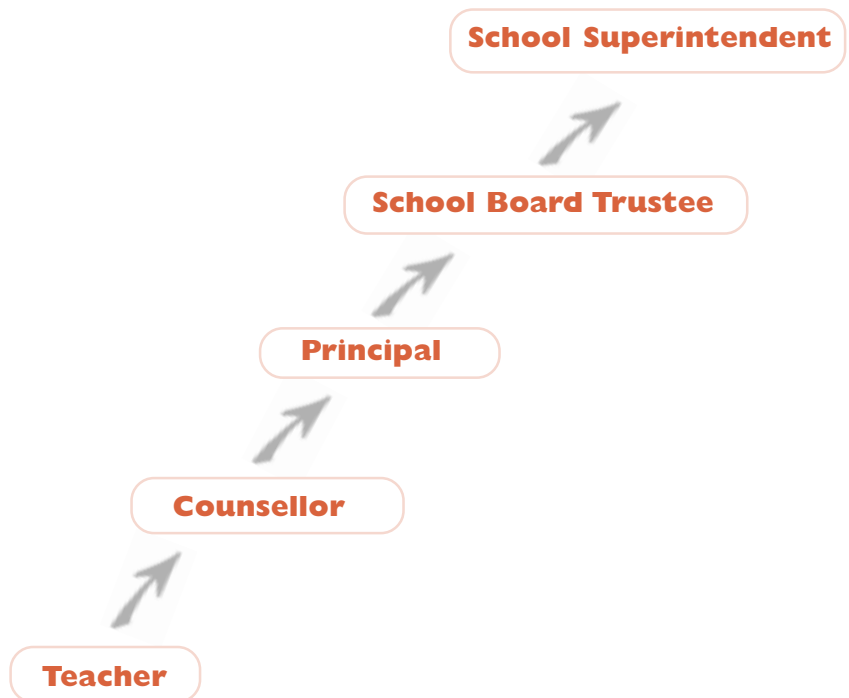
If you have concerns about or are dissatisfied with the services your child is receiving, it is recommended that you begin with the teacher and proceed up the levels of authority if the situation is not resolved to your satisfaction.

Questions you may want to discuss with your child's teachers:

- How can we stay in touch so that I can support the work you are doing in the classroom? What's the best way to reach you?
- Are there counsellors or learning assistant staff who could provide additional information and consultation on program planning for my child if we need it?
- What are some ways I can help my child at home? How can I reinforce skills my child is learning and using in class?

Questions you may want to discuss with your child about their school experience:

- Who helps you at school? What kinds of things do they do and say that help you learn?
- When I visit your classroom, what kinds of things do you want me to notice?
- What kinds of things can we do at home to support your learning?



Call your local school board office for contact numbers of school personnel.

If you have contacted all the above school professionals and have not been able to resolve a problem with your child's school, you may want to consider some legal and related avenues:

- Ombuds office
- Human rights commission
- Courts

Parents' Rights

When discussing your child's learning with school personnel, you may hear terms you are not familiar with, such as IEPs—individualized education plans—created in order to meet any special needs (see page 14 for more information).

If at any time you are unsure about specific terms being used, ask for clarification.



Children are always winners when teachers and parents work together effectively.

Parents have certain rights under the BC School Act. Parents of children with special needs are entitled to:

- be informed about their child's learning and progress in school. This includes access to information in the child's school records, including results of specialized assessments and reports. Parents have a right to receive a clear explanation of the testing from an appropriate professional
- know what educational options in programs and placement are available
- be involved in the development of their child's individualized education plan (IEP)
- be consulted before their child is placed in a special education program
- bring an additional person to meetings (e.g., friend, advocate, mental health professional). It is recommended that parents let the school know ahead of time if they're planning on bringing another person
- receive reports on their child's progress at regular intervals during the school year (we recommend quarterly reports)
- question decisions that they do not think will best serve their child's learning needs and work with the school to find a better solution
- appeal decisions made by an employee of the school board which significantly affects the education, health or safety of a student (school boards are required to establish an appeal process)
- request annual reports respecting general effectiveness of educational programs in the school district
- belong to a parents' advisory council established in accordance with the School Act

Parents are advised to learn about our education system and factors that sometimes compromises teachers' ability to give close attention to students with special needs.

- **Ask how you can help your child's teachers to overcome obstacles and to promote positive change.**
- **Find out the various programs and supports which are available to meet the special needs of students in the school and school district.**
- **Ask the principal and/or school district staff about options available for your child.**



Keeping Records

To effectively support your child, you might wish to keep the following kinds of records organized and accessible:

- birth records, including a copy of the birth certificate and any pertinent information regarding the pregnancy and birth
- dates and ages of developmental milestones, such as first words and first steps
- record of immunizations and any childhood illnesses
- copy of your child’s IEP (Individualized Education Plan)
- copies of any letters or other documentation regarding your child’s education
- medical information, including assessments done, the diagnosis, medications or other treatments prescribed

Tips for Organizing Information

- **You’ll need to decide how you want to store the information about your child’s education. You may want to use a large three-ring binder, an expandable file or another type of storage system that works for you.**
- **It is often helpful to keep the information in chronological order, with current documents on top or at the front of the file, as these are likely the ones needed most often.**
- **Highlighting dates helps with filing and retrieving documents. Self-stick removable notes can be used to flag important documents you need to review on a regular basis or those that require follow-up.**
- **Keep a list of key contact names and numbers at the front of your file.**

- list of doctors (GP, pediatrician, psychiatrist) involved in diagnosing or caring for your child and their contact information
- progress reports or report cards
- record of educational assessments, standardized tests and accommodations
- school phone numbers, and names and titles of contact people
- dated school correspondence
- notes from meetings
- list of community support people, including names, agencies and contact numbers
- research information related to your child’s mental illness and any potential interventions or strategies that might be helpful.

Ministry of Education Policy Regarding Children with Special Needs

The BC School Act defines a student with special needs as “a student who has a disability of an intellectual, physical, sensory, emotional or behavioral nature, has a learning disability, or has exceptional gifts or talents.”

~Individual Education Planning for Students with Special Needs, BC Ministry of Education

In order for a student to qualify for Special Needs funding, the student must be appropriately assessed and identified, and have an Individual Education Plan (IEP) in place.

In this section, we review the Ministry of Education policy regarding services for children with serious mental disorders. For students with more complex needs or requiring more intensive support, school boards are allocated additional Special Needs funding.

The formula used by the Ministry of Education to provide funding for special needs students includes three categories. Level 3 is for students with serious mental illness or who require intensive behavioural interventions. In 2003, the level of funding for each student was \$6,000 a year.

Students Requiring Intensive Behaviour Interventions or Students with Serious Mental Illness

Students identified in this special education funding category (known as category H) are those most in need of intensive interventions. These students should have access to co-ordinated school/community interventions. These should be based on inter-service/agency assessment processes that are required to manage, educate and maintain the students in school and in their community.

Students Requiring Intensive Behaviour Interventions are eligible to be claimed in this special education funding category if they exhibit:

- antisocial, extremely disruptive behaviour in most environments (for example, classroom, school, family, and the community)
- behaviours that are consistent/persistent over time.

Students with Serious Mental Illness eligible to be claimed in this special education funding category are those with:

- serious mental health conditions which have been diagnosed by a qualified mental health clinician (psychologist with appropriate training, psychiatrist, or physician)
- serious mental illnesses which manifest themselves in profound withdrawal or other negative, internalizing behaviours
- these students often have histories of profound problems and present as very vulnerable, fragile students who are seriously ‘at risk’ in classroom and other environments without extensive support

In addition to meeting one of the conditions above, to be eligible for special education funding, these behaviour disorders and/or illnesses must be:

- serious enough to be known to school and school district personnel and other community agencies and to warrant intensive interventions by other community agencies/service providers beyond the school
- a serious risk to the student or others, and/or with behaviours or conditions that significantly interfere with the student’s academic progress and that of other students
- beyond the *normal capacity* of the school to educate, provided normal capacity is seen to include the typical special education support/interventions such as school-based counselling, moderate behaviour supports, the use of alternate settings, and other means in the school environment

~Special Education Services: A Manual of Policies, Procedures and Guidelines, BC Ministry of Education

Within the education system the mental health problems of children and young people are often divided into two broad classes: internalizing and externalizing.

The term ‘internalizing problems’ is used for emotional, thinking or somatic difficulties, such as anxiety or depression or social withdrawal.

The term ‘externalizing problems’ is used for behaviour such as attentional problems or aggressive behaviour.

~ Manual for the Child Behavior Checklist and Revised Child Behavior Profile, T. M. Achenbach and C.S. Edelbrock

Identifying Special Needs of Children and Youth with Mental Illness

Assessment

The process of identification and assessment of a student with a mental disorder sometimes begins at the classroom level, although these students are often identified in the community when parents seek help for their child from mental health professionals. When a teacher first notices a problem, they will consult with the parents and attempt strategies to manage the behaviour or support the student in the classroom. If these prove unsuccessful, the teacher may seek assistance from other school-based services or from the school-based team. A teacher or other school professional may ask that a child be assessed to see if he or she has special needs. Parents may also contact the child's teacher or another school professional to request that their child be evaluated. This request may be verbal or in writing. Parental consent is needed before the child can be assessed.

Placement

The school board must ensure that the principal offers to consult with a parent of a child with special needs regarding the student's placement in an educational program. It is generally agreed that, as much as possible, students with special needs should be able to learn in regular classrooms.

The school board must provide a student with special needs with an educational program in a classroom where the student can be integrated with other students who do not have special needs, unless the educational needs of the student or other students indicate the educational program for the student with special needs should be provided otherwise.

Adapted and Modified Education Programs

An education program of a student with special needs may include an:

Adapted Program

This is a program that retains the learning outcomes of the prescribed (regular) curriculum but adaptations are provided so that student can participate in the program. Examples of adaptations include assigning a 'buddy' for note-taking, assigning fewer examples for practice, extending time for assignments and tests. Students on adapted programs are assessed using the provincial curriculum standards set out by the Ministry of Education.

Modified Program

This is a program in which the learning outcomes are substantially modified from the prescribed curriculum and specifically selected to meet the student's needs. Examples of modifications include the student being taught the same information as other students, but at a different level of complexity; or given a reduced assignment (e.g., fewer questions to answer); or the student uses a lower-level reading textbook. A student on a modified program is assessed in relation to the goals and objectives established in the student's IEP.

A student's program could include some courses that are modified and others that are adapted.

All children learn, but not all children learn in the same way, at the same time or at the same rate—learning is a very individualized process.

~The Learning Team, Alberta Learning

Parents should be aware that a modified program in the high school years will lead to a *British Columbia School Completion Certificate*. This certificate is not the same as a *Dogwood Diploma* (high school diploma).

Students with a *BC School Completion Certificate* will not be able to go on to post-secondary university opportunities.

School-Based Teams

A school-based team is comprised of school staff who are responsible for planning and coordinating support services for students with special needs. The team usually consists of the principal, the learning assistance or resource teacher, the child's classroom teacher(s), and counsellor. Parents and students (where appropriate) and any other relevant persons may also be part of this team. The role of the team is to provide support to the teacher, coordinate services, and make recommendations about other school, district, community or regional services.



When a child is involved with Child and Youth Mental Health Services (Ministry of Children and Family Development), services are provided through the establishment of an Integrated Case Management Process (see Module I of this toolkit for more information). The schools are usually an integral part of this process.



What Is an Individualized Education Plan (IEP)?

Individual Education Plan (IEP) refers to a written plan created for a student to enable the student to develop their individual potential. It is a road map that helps guide what teachers and schools can do to help the student in their learning. As each student is different, each IEP needs to be different to meet the unique needs of the student.

An Individual Education Plan identifies any additions, changes and adaptations to the regular program that should be made for each individual child, to ensure that all students have an educational program that meets their specific needs.

The Ministry of Education requires that an Individual Education Plan (IEP) be developed for each student who has been identified as having special needs. The IEP helps to ensure that your child's education program is right for them based on their special needs.

An IEP should be developed each year. IEP planning meetings usually take place at the beginning of each school year. During the school year, meetings may be held to make sure the plan is working and to make revisions if needed. Dates to review the plan should be written into the plan. The Ministry of Education requires that IEPs for students coded in category H be reviewed at least twice a year.

Depending upon the educational needs of an individual student and resources available, the IEP team may include:

- classroom teacher(s)
- school administrator
- parents or legal guardians
- the student (if appropriate)
- other school-based and community support staff who are going to be involved in the delivery of the IEP

Schools are not obligated to develop IEPs:

- for students with special needs who require no adaptation or only minor adaptations to educational materials, or instructional or assessment methods
- when the expected learning outcomes established by the applicable educational program guide have not been modified for the student with special needs
- for students with special needs who require in a school year 15 hours or less remedial instruction by a person other than the classroom teacher in order for the student to meet the expected learning outcomes

In some schools, the school-based team may appoint the IEP team members; in other schools, the school-based team may develop and implement the IEP.

Placement in special education funding category H is not intended to be static from year to year, as it is expected that an intensive and coordinated approach, including in some cases medical intervention, will result in changes. Students identified in category H are required to have one IEP review a year, however most IEPs are reviewed regularly as they are working documents.

*~Special Education Services,
BC Ministry of Education*

One member of the team should be designated as the coordinator for the development and implementation of the plan. This role should be assigned to the school staff who will have the most contact with the student in addressing his/her special needs. Parents can support the planning process by offering the following kinds of information:

- family history, medical history, and health care needs
- a description of the child's strengths, needs and wants, including social, educational, physical and emotional aspects
- a description of what the parent wants their child to learn, including both short-term and long-term goals
- supporting documents that might be helpful, including photographs that demonstrate the child's home life showing skills or interests, or samples of past school-work
- methods that have been successful for communicating with the child at home, or ideas for the strategies that could help support the teacher in the school setting
- comments and feelings about any strategies or situations the parents think are appropriate and beneficial for their child
- comments and feelings about those strategies and situations parents think are questionable or problematic for their child
- information about other community services or after-school and other caregivers which have an impact on the child's life

Ideally, your child's IEP should be reviewed in the fall and spring. However, as a parent, you can request other review meetings if you feel they are necessary. Remember—IEP meetings don't replace report card meetings. Report card meetings give both the parent and the teacher an opportunity to discuss progress, raise concerns, and address issues before they become major ones. You may want to arrange for meetings where you can discuss both reports rather than setting up two separate meetings.

Special Education Services

For students coded in the category of Students Requiring Intensive Behaviour Interventions or Serious Mental Illness (H), there must be one or more of the following additional services provided:

- **direct interventions in the classroom by a specialist teacher or supervised teachers' assistant to promote behavioural change or provide emotional support through implementing the plan outlined in the IEP**
- **placement in a program designed to promote behavioural change and implement the IEP**
- **ongoing, individually-implemented, social-skills training and/or instruction in behavioural and learning strategies**

The above may be complemented/co-ordinated with:

- **in-depth therapy, counselling and/or support for the student or family in the community**
- **medication treatment as prescribed and monitored by a physician**

~Special Education Services, BC Ministry of Education

What an IEP should consist of:

- relevant medical, social and education background information about the student
- information about the student's current learning strengths and needs
- degree that the student participates in the regular school program
- the areas in which the student may need program adaptation and/or modification
- goals appropriate to the student in one or more of the following areas: intellectual, social/emotional and career/work experience
- necessary classroom accommodations (changes to expectations, instructional and assessment strategies, material and resources, facilities)
- the names of personnel responsible for the implementation
- information on where part or all of the educational program will be provided, and plans for implementation and review
- plans for the next transition in the student's education (including transitions beyond school completion)
- adaptations for evaluating student progress
- the date for the annual (or if necessary, more frequent) review

When writing the IEP, the following steps are suggested:

- 1 identify priorities for the student
- 2 determine long-term goals from the priorities
- 3 break the goals down into short-term objectives
- 4 determine what strategies will be used and what resources will be required to assist the student to reach the objectives
- 5 establish ways of assessing student progress and dates for review

~Special Education Services, BC Ministry of Education



Planning for Transitions

To ensure that your child continues to receive the necessary support for their learning experience, it is important to plan for changes. These changes include: a change in schools or a change from one level to another, graduation from high school to higher level education or to the workforce.

Always remember: An IEP is a working document.

Role of Student in IEP Planning

The extent and way students participate in the development and implementation of their IEPs will vary according to their abilities.

Most students can:

- express goals and dreams for themselves
- indicate likes and dislikes
- make suggestions about areas of interest

Even when a student is not able to communicate their ideas and wishes at an IEP meeting, their participation at the IEP meeting can help the team members to stay focused on the students' needs and the purpose of the meeting.

Role of Parents in IEP Planning

- express their goals and dreams for their child
- provide information on their child's learning styles, interests, their reactions to situations and suggestions on ways to avoid potential problems
- reinforce and extend the educational efforts of the teacher
- provide feedback on the transfer of skills to the home and community
- maintain an open line of communication with the school

Goals should:

- challenge your child's learning, but be achievable
- be relevant to your child's actual needs
- focus on what will be learned rather than what will be taught
- be stated positively (i.e., do's instead of don'ts.)

Worksheet: IEP Planning

Use this sheet to help you prepare for an IEP planning meeting. Below are some questions for you to think about in preparation for your child's IEP meeting. You may wish to write down your thoughts for future reference by the IEP Team.

Student Name

Date

Parent's Name(s)

What do you feel are the strengths of your child?

What do you feel are your child's weaknesses? (e.g., areas that may be frustrating or that you feel your child has a particular need to improve in)

How do you think your child learns best? What kind of situation makes learning easiest?

Please describe educational skills that your child practices at home regularly. (e.g., reading, making crafts, using the computer)

Does your child have any behaviours that are of concern to you or other family members? If so, please describe the behaviour(s).

What are your child's favourite activities?



Worksheet: IEP Planning

What are your child's special talents or hobbies?

Does your child have any particular fears? If so, please describe.

How does your child usually react when they get upset and how do you deal with the behaviour?

Do you have any particular concerns about your child's school program this year? If so, please describe.

What are your main hopes for your child this year?

Is there other information that would help us gain a better understanding of your child?

Are there any concerns that you would like to discuss at the next IEP meeting?

IEP Reviews

Reviewing your child’s IEP is critical to ensuring that their needs are being met by the school system. It is recommended that IEPs be reviewed at least once a year. The following questions may help guide you in preparing for a review.

- is the IEP an accurate reflection of your child’s current education program needs?
- how effective are the strategies and resources that have been selected to support your child’s learning?
- how much progress has your child made toward achieving the goals and objectives set at IEP meetings?
- do new goals need to be selected and new objectives created to more accurately reflect your child’s changing strengths, needs and interests?

Decisions about resources needed in a school are often made in the spring so it’s a good idea to meet with the school in February/March to ensure that your child will receive the needed supports for the next school year.

We also recommend that you meet again with the school early in the fall to develop a plan for your child’s learning. Usually the IEP meeting is scheduled at the end of September or early October, once the teacher is more acquainted with your child.

Worksheet: IEP Review

Use this sheet to help you prepare for IEP review meetings.

Student Name

Date

Team Member(s)

Accomplishments (successes, personal observations)

What has helped your child?

What areas need improvement?

What do you think would help for next year? (recommended strategies, goals, support services)

What transition plans are in place? (transition refers to a change in schools or graduation from high school)

Accommodations for Students with a Mental Illness

Below are some examples of how teachers can adapt their teaching and classroom in order to facilitate learning when a student has a mental illness.

- Minimize distractions; if needed, move the student to a seat close to the front of class.
- Pre-arrange a cue to use if the student is distracted to refocus attention.
- Provide the student with recorded books as an alternative to reading when the student's concentration is low.
- Break assigned reading into manageable segments and monitor the student's progress, checking comprehension periodically.
- Devise a flexible curriculum that accommodates the sometimes rapid changes in the student's ability to perform consistently in school.
- When energy is low, reduce academic demands; when energy is high, increase opportunities for achievement.
- Identify a place where a student can go to regain self-control of their emotions when needed.
- Provide an extra set of books at home for homework and studying.
- Recognize small achievements.
- Audiotape missed lessons for the student to review at a later time.
- Provide a notetaker (this could be a peer or someone specifically employed for this task) for lessons both attended or missed by the student.
- Stagger assessment requirements as the stress of many assignments and/or examinations within a short period of time may increase stress levels dramatically. This is especially important if the student has been/is being hospitalized for extended periods of time.
- Ensure that all of the student's teachers are aware of the student's needs so they can be consistent and realistic in their expectations and in their teaching approach. This can also help them provide support for one another and share resources.
- Forming a peer network for the student to provide support for the student and to increase understanding by the student's peers.
- Provide a separate testing room for tests and exams.
- Allow extra time for taking tests.
- Reduce work load for the student.
- Provide break periods as needed for rest and taking medication.
- Give the student time within the school day when they can do homework.

note to teachers:

Each individual student diagnosed with mental illness has specific and individual needs to enable them to participate fully and effectively in the curriculum. Therefore it is not possible to list specific needs. It is important to liaise with support personnel both within and outside the school to understand the student's needs.

~Social Emotional Disorder, Queensland Studies Authority

Effective Behaviour Support (EBS) (Also known as Positive Behaviour Support)

Effective (or Positive) Behaviour Support is an approach for reducing behaviours that are disruptive or harmful to a child’s learning (or to the other students), teaching more appropriate behaviours, and instilling supports necessary for successful outcomes.

Effective Behaviour Support begins by identifying the behaviours that are a concern and observing these behaviours in the situations where they occur. This process of identifying the problem behaviour and developing an understanding of what factors surround that behaviour is called Functional Assessment. The Functional Assessment is used to develop an idea as to why the behaviour is occurring—the conditions or events that trigger the problem. Once we have an idea about why and when the behaviour happens, we can then develop a behavior support plan—a guide for preventing the problem behaviour, teaching new skills to replace the behaviour, and developing new ways of responding to the behaviour.

Positive Behaviour Support is a holistic approach in that it considers all of the factors that impact on a child and the child’s behaviour. This approach has been used to address problem behaviours that may range from aggression, tantrums and property destruction, to withdrawing or anxious behaviours. Instead of asking yourself, “What’s it going to take to motivate this kid to behave differently? Ask “Why is this so hard for this child? What’s getting in his or her way? How can I help?”

Behaviour occurs for a reason. Children do what they do because it works for them. To understand the reason some children engage in what has been termed ‘challenging behaviour,’ it is necessary to:

- try to understand what the child’s needs are
- establish how the behaviour meets those needs
- examine what the child finds reinforcing
- examine what other behaviours the child has in their repertoire

Once we understand the reasons why the behaviour occurs, we can then work towards:

- helping them engage in more effective and socially acceptable ways of meeting those needs, learn new skills, and find new opportunities
- changing the environment, interaction consequence, lifestyle and competencies to facilitate use of positive behaviours

Understanding what the child is trying to achieve by the behaviour they use can enable us to respond in different and more constructive ways that can make things better for everyone. The more thoroughly we can understand the behaviour, the more effectively we can plan positive strategies to teach new behaviours. These strategies are called *positive behavioural interventions*. They include strategies to (1) control the environmental conditions that lead to the challenging behaviours and (2) change the child’s response repertoire to include more effective behaviours. The goal is to teach children how to manage their own behaviour.

Changing behaviour often requires *shaping*—rewarding any instance of the desired behaviour to help increase the likelihood it will occur again. Behaviour shaping acknowledges that not all children can do everything at 100%. If a child does not turn in homework daily, expecting that homework will be completed 100% of the time is not realistic. By rewarding small gains and reinforcing the gains as they occur, children learn how to stick with a task and to improve their skill.

~ Adapted from *Positive Behavior Support*, T. Osgood and B. Marks

Behaviour is often children’s alternative to language, their loudest voice.

~*Behavior Problems*, Baker et al.

Effective or positive behavior support is not just for schools. Parents can use the same ideas to create a better environment for the entire family.

~*The Explosive Child*, Ross Greene



Effective behaviour support involves changing things so that the child does not need to use ‘problem’ behaviour to get what they want. Ask:

- What can be changed?
- How are things set up?
- How do people respond to the child?
- How can the child be given new ways of asking?
- What new skills does the child need to be taught?

The goal is to prevent the disruptive behaviour from serving its purpose while teaching the kind of behaviours that will better achieve the purpose.

Assess Strengths and Incorporate Them Wherever Possible

Assessment of a child’s behaviours should always include both strengths that the child has as well as areas in which they need help. Some examples of strengths are listed below.

- Lots of energy
- Willing to try things
- Ready to talk/can talk a lot
- Get along well with adults
- Can do several things at one time
- Smart/fast learner
- Good sense of humour
- Very good at taking care of younger kids
- Spontaneous
- Sees details that other people miss
- Understands what it’s like to be teased or to be in trouble so is understanding of other kids
- Cares a lot about family
- Can think of different and new ways to do things
- Enjoys helping others
- Happy and enthusiastic
- Imaginative/creative
- Articulate/can say things well
- Sensitive/compassionate
- Eager to make new friends
- Great memory
- Courageous
- Fun to be with
- Charming
- Warm and loving

“Tommy would destroy structures built by other children. In assessing the situation, the teacher recognized that Tommy was an excellent artist. Rather than separate Tommy from the other children when they were playing with the blocks, the teacher suggested Tommy make drawings that could accompany the block structures, such as signs or flags.”



We need to look at **why** a child behaves in a negative way. We need to find out why the behavior occurred in the **first place** and provide **support** rather than segregating them. Putting in **positive behaviour support for kids is important.**

~A Lot To Lose, Maryann B. Hunsberger

Positive Phrasing

Positive phrasing lets children know the positive results for using appropriate behaviours. As simple as it sounds, this can be difficult. Teachers and parents are used to focusing on misbehaviour. Warning children about a negative response to problem behaviours often seems easier than describing the positive impact of positive behaviours. Compare the difference between positive phrasing and negative phrasing:

Positive phrasing	“If you finish your reading by recess, we can all go outside together and play a game.”
Negative phrasing	“If you do not finish your reading by recess, you will have to stay inside until it’s done.”

Positive phrasing helps children learn that positive behaviours lead to positive outcomes. This, in turn, can help them gain control of their behaviours.

~Toolkit for Teachers, New Jersey State Council on Developmental Disabilities

Steps towards Changing Challenging Behaviours

- **Discuss the situation with other people involved**

Agree on what the behaviour is you are talking about and why it is a problem—What does it look like? How do you know it has started? Finished? Would it still be a problem if changes were made to the way things are done?

- **Start keeping records**

How often does the behaviour happen? How long does it last? When does it happen? With whom? Where? What is going on at the time? What is happening in the person’s life generally: illnesses, changes, eating/sleeping patterns etc.? What do the parents do when it happens? What do other people do? What usually ends it?

- **Think about the child**

What do they like to do? What do they need in their life? What is missing from their life? What skills and strengths do they have? What skills do they need to learn? With whom do they get along? With whom do they not get along? What kind of places do they like to be in: lively, quiet etc.?

- **Compare the information you have about the behaviour and that you have about the child**

Look for clues about what the child might be achieving or trying to achieve with the behaviour; think about how it could be achieved in better ways.

- **Look for ways to improve the child’s life in general**

This will often reduce the person’s need to achieve whatever the function of the behaviour is, even if you can’t see what that function is.

- **Keep on keeping records**

Keeping old records helps to see if things are getting better or worse.

- **Get specialist help**

Psychologists, behaviour therapists and some specialist nurses can all help. Doing the things above will make it easier for them to help.

How You can Help: Supporting Learning at Home

There are many ways to support your child's learning at home, including talking about what is going on at school, helping your child with their homework, and recognizing your child's learning accomplishments. Talking with your child lets them know that you value hearing about their school experiences and it provides an opportunity to acknowledge efforts, strengths and successes. Ask your child about friendships, recess activities, progress on assignments, new experiences, highlights of the day, homework, and concerns or difficulties. Ask about tomorrow and upcoming events too.

Set a homework routine and choose a regular place for doing homework, away from distractions such as TV and video games. Break homework time into small parts and have breaks. If your child continues to have difficulty completing their homework, talk with your child's teacher about options such as reducing the amount of homework. This can also be discussed at your child's IEP meeting.

To help your child experience success, focus on the effort they put into school, not just the grades they receive. Reward your child when he or she tries to finish school work, not just for good grades. You can give extra rewards for earning better grades.

Show your child that the products of his or her learning are important to you. Display artwork on the fridge. Design a scrapbook with favourite selections from each school year, in order to show growth over time. Have a special piece framed so that it is preserved forever. Tie a bow around a piece of art or written project and send it to a grandparent or other relative as a gift. Remember to celebrate small successes. Sometimes just getting to school is an accomplishment. Staying the whole day is a major success.



Tools for Students, Families and Teachers

On the following pages you will find a series of charts and sheets that can be used to help manage stress and emotions of a student. The charts are helpful in monitoring mood changes, medication doses, hours slept, sleep/wake times, etc. This information is invaluable for assessing effectiveness of treatments, triggers of mood changes and early identification of negative stressors or possible relapse.

Thermometer

This chart is designed to be used by the child in school. The child places a post-it note on the thermometer to indicate his or her stress level. Calming techniques are listed on the right side of the chart to encourage self-directed coping skills.

Daily Chart for Children

This chart can be filled out by the child and covers areas of mood, energy and sleep.

Rainbow Chart

This chart is designed to track three emotions (sad to happy, angry to satisfied, and frustrated to peaceful), energy level (tired to energized) and cognition (confused to sharp-minded). The child rates his or her own levels from 1 to 10 on a rainbow-coloured chart three times daily. There is room under each rainbow chart for details such as medications taken, sleep disturbances or school experiences.

Mood Charts

There are two types of mood charts: daily charting and monthly charting. Daily charts consist of one day per sheet and can be kept in a journal. The information off the daily sheets can be transferred later to the monthly sheet (one month per sheet). Either the child or the parent may keep these charts.

Thermometer

Stress Level

I'm having serious difficulty with assignments or getting along with peers. I feel like using threatening language, being aggressive with my body language, or wanting to commit acts of aggression.



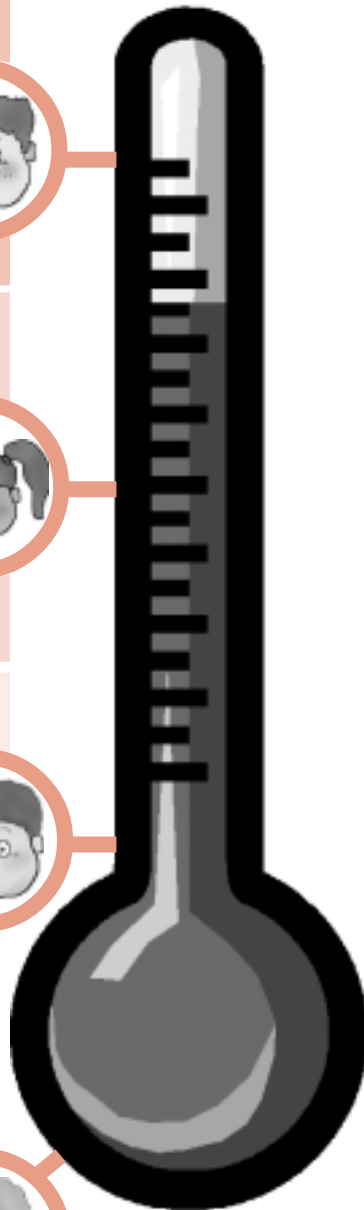
I'm having considerable difficulty with assignments or getting along with peers. I can't stay in my seat. I react in anger to teacher, and I want to hit my peers.



I'm having some difficulty with assignments or getting along with peers. I have trouble staying on task or keeping within boundaries.



Not stressed at all, can handle all my assignments and get along with peers.



Techniques

I WILL...

- Go to my safe place to calm down for 10 minutes.
- Put on headphones and listen to music for 10 minutes.

OR

I WILL...

- Put my head on my desk for 5 minutes.
- Walk to the back of the room and read the bulletin board.

OR

I WILL...

- Take deep breaths and count to 10.
- Read for 5 minutes with a book that I like.

OR

I will stick a post-it on the level of stress I am feeling so my teacher can tell how stressed I am.

Daily Chart for Children

Name

Date

Mood

Circle the highest and lowest for today



Very Low



Low



Even



High



Very High

Energy

Circle the highest and lowest for today



Very Low



Low



Even



High



Very High

Sleep



Time I went to sleep last night

Time I woke up this morning

How I slept

Medication

Morning

Afternoon

Evening

Bedtime

School

How my moods affected me today

Rainbow Chart



Name

Date

Morning

Sad	1	2	3	4	5	6	7	8	9	10	Happy
Tired	1	2	3	4	5	6	7	8	9	10	Energized
Frustrated	1	2	3	4	5	6	7	8	9	10	Peaceful
Angry	1	2	3	4	5	6	7	8	9	10	Satisfied
Confused	1	2	3	4	5	6	7	8	9	10	Sharp-Minded

How I slept last night:

Meds: _____

School

Sad	1	2	3	4	5	6	7	8	9	10	Happy
Tired	1	2	3	4	5	6	7	8	9	10	Energized
Frustrated	1	2	3	4	5	6	7	8	9	10	Peaceful
Angry	1	2	3	4	5	6	7	8	9	10	Satisfied
Confused	1	2	3	4	5	6	7	8	9	10	Sharp-Minded

How school went:

Meds: _____

Evening

Sad	1	2	3	4	5	6	7	8	9	10	Happy
Tired	1	2	3	4	5	6	7	8	9	10	Energized
Frustrated	1	2	3	4	5	6	7	8	9	10	Peaceful
Angry	1	2	3	4	5	6	7	8	9	10	Satisfied
Confused	1	2	3	4	5	6	7	8	9	10	Sharp-Minded

A positive social experience today was:

Meds: _____

Daily Mood Chart

Mood (and Energy) Mark mood with a dot, then connect dots to see trends (If desired, mark energy with an E)

Hour	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	
Very High																				
High																				
Even																				
Low																				
Very Low																				

Rages Mark on 'R' for rages, write trigger beneath

Hour	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	
Rage																				
Trigger																				

Medication Mark abbreviation of medication(s) given with dose:

Hour	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	
Med 1																				
Med 2																				
Med 3																				
Med 4																				
Med 5																				

Sleep Mark a 'B' for bedtime; mark an 'X' for hours slept (day or night); mark 'W' for waking during the night

Hour	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6
Night																								
Nap																								

Monthly Mood Chart

Mood

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Very High																																
High																																
Even																																
Low																																
Very Low																																

Sleep

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Woke on Time																															
Woke Late																															
Bed on Time																															
Bed Late																															

School

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Good Day (less than 2 reprimands)																															
Bad Day (more than 2 reprimands)																															

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Checklist of Warning Signs of Substance Use Problems for Families and Teachers

The following is a list of some of the signs of teenage alcohol and drug use. These signs are organized into three stages: early or at risk, middle, and late stages. Keep in mind that it is a cumulative list such that a teenager in later stages will likely show signs from earlier stages. It is also important to remember that adolescence can be difficult, and many young people will show some of these signs. An adolescent who is having problems with alcohol or drugs will likely show several of the signs in different areas of their life.

At Risk (or Early Use Stage)

- Withdrawn
- Aggressive
- Low frustration tolerance
- Disregards or openly defies rules
- Drug-oriented graffiti on notes or clothes
- Has no future plans or has grandiose or unrealistic future plans
- Wants immediate gratification of needs
- A loner
- A risk taker
- Easily influenced by peers
- Believes alcohol or drug use makes a person more popular
- Has friends who use alcohol or drugs
- Low involvement in any type of activities
- Lack of motivation to learn in school
- Decreasing or low involvement in extracurricular activities
- Family has low tolerance for problem or unconventional behaviour
- Family has low expectations about school performance
- Parent has little control over child's behaviour
- Student is not willing to discuss family situation
- Parents frequently use alcohol/drugs or have an addiction problem
- Student has poor self-image
- Feelings of incompetence; lack of confidence
- Difficulty communicating
- Low expectations of self
- Overly dependent
- Feels invulnerable (bad things happen to others, not them)
- High participation in unconventional behaviour coupled with high participation in problem behaviour
- High level of stress or anxiety

Middle Stage of Alcohol/Drug Use

- Avoids eye contact
- Uses eye drops frequently
- Sleeps/daydreams in class
- Forgetful
- Becomes less responsible (e.g., homework, lateness)
- Expresses suicidal thoughts/feelings
- Change in social circle
- Hangs out with known users
- More secretive about friends and activities
- Conflict between school/family expectations and those of their peers
- School grades begin to drop
- Falls behind in or doesn't complete schoolwork
- Withdraws from family and activities
- Changed attitude about family members

- Complaints from parents about teenager's lessening responsibility
- Expresses feelings of hopelessness
- Is caught using alcohol or drugs
- Continues to use alcohol or drugs after firm stand has been taken
- Is caught with drug paraphernalia

Late Stage of Alcohol/Drug Use

- Abnormally poor coordination
- Glassy or dull eyes
- Smelling of pot, alcohol or solvents
- Slurred speech
- Bad hygiene—no attention paid to hair, clothes etc.
- Frequent complaints or injuries
- Persistent cough
- Frequent headaches or nausea
- Excessive aspirin use
- Lack of affect (emotion)
- Fatigue or loss of vitality
- Either hyperactive or sluggish or going from one extreme to the other
- High consumption of coffee or sugar or junk food
- Weight loss or gain
- Inappropriate dressing (e.g., not dressing warm enough)
- Trouble with the law
- Frequent fights or arguments
- Dishonesty—getting caught in lies
- Carrying weapons
- Verbally or physically abusive
- Inappropriate responses (e.g., laughs when nothing is funny, gets angry out of proportion to the event)
- Suicide attempts or actions
- Frequent fighting or arguing with friends
- Activities with friends seem to always involve alcohol or drugs
- Frequently absent from school
- Constant discipline problems at school
- Has been suspended from school
- Frequent nurse or counsellor visits
- Loss of eligibility for extracurricular activities
- Continued use of alcohol or drugs after being caught
- Running away from home
- Refusal to follow rules of family
- Uses home as a 'pit stop' only
- Overwhelming feelings of hopelessness
- Sense of identity centres around alcohol and drugs (all they ever seem to talk about)
- Selling drugs or frequent exchanges of money

~ Assessment and Referral Checklist, Alcohol and Drug Programs, Youth and Family Resource Centre

Tips for Teachers With Students Who Have a Mental Illness

The following two pages can be photocopied and given to teachers.

Understanding Families When a Child Has a Mental Illness

The following are some suggestions that teachers can follow as they build relationships with the parents of students who have a mental illness.

- When a child is diagnosed with a mental illness, parents understandably experience a variety of emotions such as shock, anger and grief. Eventually most families come to accept and learn how they can support their child to do well in spite of having an illness. If a parent is angry or frustrated, try to understand where that emotion is coming from.
- Be aware that parents are not the cause of their child's illness. Parents often feel a lot of guilt and can be sensitive to any references that they are to blame for their child's disorder.
- Let parents know you appreciate how difficult it can be when a child has a mental illness. Empathy can go a long way toward building a relationship with parents.
- Work toward removing the stigma of mental illness every chance you get. Having a mental illness or brain disorder should be nothing to be ashamed of, any more than one would be ashamed of having diabetes or asthma.
- Teach your students about mental illness and help to dispel the myths and stigma surrounding mental illness.
- Be sensitive to single-parent families, families with limited incomes or families of different ethnic backgrounds. These families may face unique challenges.
- Encourage parents to learn as much as they can about their child's illness and treatment options. Express interest in receiving information if it will be useful to you as a teacher to better help children learn.

A Student's Perspective on Learning: Do's and Don'ts

- Do assume that I want to learn.
- Expect me to do my best.
- Ask me what modifications might help me better be able to do my work.
- Listen to my words and my behaviours—both are telling you what I need.
- Praise me when I am doing well. Be specific so I know exactly what I need to keep doing.
- Ask my parents for how we handle certain situations at home. My parents know me better than anyone else.
- Treat me with respect. My disability is a challenge for you—and for me.
- Ask me what interests me.
- Relate academic topics to areas that I am interested in. Show me connections.
- Communicate with me often to help me keep up with how I am doing.
- If we need to discuss a problem, please do so privately and (again) with respect.
- Set up a plan that allows me to have 'down time' for cooling off after difficult situations.
- Don't just tolerate me; teach me.
- Don't be afraid of me because of my reputation or past behaviours.
- Don't expect less from me because I have a disability that is difficult to understand.
- Don't blame my parents for my behaviour; I have a mental disorder and blame will not change who I am now or what my needs are now.
- Don't assume that my behaviour is a personal attack on you; my behaviour is often an 'impulsive reaction' that I cannot control.
- Don't challenge me when my behaviour is escalating—my impulse for self-preservation takes over and I might not respond in the most socially acceptable way.
- Don't embarrass me in front of my peers.

~Youth Perspective, D. Lawrence

What to Say (and Not to Say) to Students with a Mental Illness

Say...

Instead of...

“It sounds like this is getting frustrating for you. **Would you like some help?**”

“You’re not trying hard enough.”

Or

“I know this is really hard for you right now. You’re doing a good job. Maybe you need a little break. I bet when you come back to it after you’ve had a break, it won’t be so frustrating.”

“Walk”

“Don’t run!” (or hit, spit or use bad words).

Or

“Keep your hands to yourself”

Or

“Can you try that again with nice words?”

“I’m concerned with what I just saw because (why). How could you handle this differently next time?”

“What I saw you do was wrong and now you have to go see the principal.”

“Hey, it looks like you need to calm down. **Would you like to go to your ‘safe place?’**”

“Why did you just do that? You know better than that!”

Or

“Would you like to draw or read (a favourite book) here in the classroom?”

“Shoes are not for throwing.”

“Do the work right now or I’ll send you to the principal.”

Or

“Scissors are not for cutting pages in your book.”

“How can you show me you are listening?”

“You need to listen to me.”

~Tips for Teachers, Child and Adolescent Bipolar Foundation

References

- Achenbach, T.M., & Edelbrock, C.S. (1983). *Manual for the Child Behavior Checklist and Revised Child Behavior Profile*. Burlington, VT: University Associates in Psychiatry
- Alberta Learning. (2003). *The Learning Team: A Handbook for Parents of Children with Special Needs*. Alberta Government. Accessed at www.learning.gov.ab.ca/educationguide/spec-ed/partners/
- Alcohol and Drug Programs, Youth and Family Resource Centre. *Assessment and Referral Checklist*
- Baker et al., 1976. *Behavior problems*. Cited in Booth-Remmers, J. & Home, C. (2002). *Promoting Positive Behaviour*. Accessed at <http://vicnet.net.au/~playwork/article4.htm>
- British Columbia Ministry of Education. (1996) *Individual Education Planning for Students with Special Needs*. Accessed at www.bced.gov.bc.ca/specialed/iepsnr/
- British Columbia Ministry of Education. (2002). *Special Education Services: A Manual of Policies, Procedures and Guidelines. Developing an Individual Education Plan*. Accessed at www.bced.gov.bc.ca/specialed/ppandg/planning_7.htm
- British Columbia Ministry of Education. (2004). *Special Needs Student Order*. Accessed at www.bced.gov.bc.ca/legislation/schoollaw/e/m150-89.pdf
- Canadian Mental Health Association. (2003). *Mental Health and High School: Questionnaire*. Accessed at www.cmha.ca/english/education/images/questionnaire.doc
- Child and Adolescent Bipolar Foundation. (2002). *Tips for Teachers*. Accessed at www.bpkids.org/printing/tips_for_teachers.htm
- Grant B.F., Dawson D.A. (1997). "Age at onset of alcohol use and its association with DSM-IV alcohol abuse and dependence. Results from the National Longitudinal Alcohol Epidemiologic Survey." *Journal of Substance Abuse*, 9, 103-110
- Greene, R.W. (2000). *The Explosive Child*. New York: Harper Collins
- Hunsberger, M.B. (2004). "A Lot To Lose." *Families Magazine*, 13, 1. Accessed at www.njddc.org/fam13-1-3.htm
- Lawrence, D. 2002. *Youth Perspective*. Accessed at www.education.eku.edu/Coop_KTIP/academic_and_behavioral_strategies.htm
- New Jersey Council on Developmental Disabilities. *Tools for Teachers*. Accessed at www.njddc.org/publications.htm
- Osgood, T. & Marks, B. (2002). *Positive Behavioural Support: An Information Resource for the Subscriber Network*. Accessed at www.kent.ac.uk/tizard/SubscriberNet/positivebehaviouralsupport.doc
- Queensland School Curriculum Council. (2001). *Social Emotional Disorder*. Accessed at www.qsa.qld.edu.au/yourqsa/policy/equity/index.html
- The Hunter Institute of Mental Health NSW (2003). *Risk and Protective Factors Related to Substance Use*. Accessed at www.hunter.health.nsw.gov.au/mentalhealth/
- The Learning Disabilities Association of Canada. Article 118: *Parents As Partners in the Special Education Programs of their Children*. Accessed at www.ldasvi.bc.ca/cgi-bin/article_form.cgi#
- Waddell, C. & Sheppard, C. (2002) *Prevalence of Mental Disorders in Children and Youth*. A research report prepared for British Columbia Ministry of Children and Family Development. Mental Health Evaluation and Community Consultation (Mheccu), University of British Columbia. Accessed at www.mhcceu.ubc.ca
- Ward, J. (2003). *Mood Charts*. Accessed at www.gcbf.org/resources/moodcharts.html
- White, J. M. (2002). *Youth's Perspective on Mental and Emotional Health Disabilities: What They Want You to Know*. Accessed at www.education.eku.edu/Coop_KTIP/help_student/White%20807%20Youths_Perspective_on_Mental_Illness%5B1%5D.ppt



Reader Feedback Form

The BC Partners for Mental Health and Addictions Information are committed to providing quality information and resources on mental and substance use disorders. We welcome your comments, suggestions, and feedback about this family toolkit.

Did you find the information provided in the “How You Can Help” toolkit useful?

Was the information presented in clear and understandable language?

Did you find the worksheets helpful?

Are there any additional topics you feel should be included?

Do you have any recommendations as to how we could improve this toolkit?

Please mail or fax this evaluation back to us or fill out our online version of this form at www.heretohelp.bc.ca where you will find further information and resources regarding a variety of mental health issues.

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